

1 THE COURT: Wonderful. Thank you. Mr. Corbett,
2 anything else?

3 MR. CORBETT: No additional-- No further additions.

4 THE COURT: All right.

5 Elocution, Mr. Balgooyen?

6 MR. BALGOOYEN: Well I think we need to keep in mind
7 that this is a strict liability-type offense. And much of the
8 arrears here comes from his history, not from his current
9 behavior. I suggest he's becoming cooperative and wanting to
10 find work. But because of this injury he's had, it's going to
11 be awhile before he's going to be actually to apply.

12 THE COURT: All right. Thanks. Mr. Harris, is
13 there anything else you'd like to say?

14 THE DEFENDANT: Yes. After looking over my
15 presentence investigation, the presentence investigator stated
16 that I've been ordered to pay \$25 toward the exact arrearages,
17 in which the prosecutor brought towards me as saying that I
18 was in non-compliance of.

19  And if I've been ordered by Judge Pittman to pay \$25
20 toward my non-compliance to my past child support arrearages,
21 I ask you now, your Honor, what would your order be? That I
22 comply with the order I already been ordered to comply with,
23 or you going to order me to make payment arrearage amounts.
24 And if so, do I now have two orders?

25 THE COURT: Mr. Harris, are you claiming that the

(Exh. 1 A)

You then asked me a couple of questions about whose order were you supposed to follow, and I'm declining to answer that. I'm convinced that Mr. Balgooyen's efforts on your behalf have been diligent. They've been strenuous. And they have resolved all the legal challenges that you have.

6 So we're here for sentencing, and I started into
7 that a minute ago. This is probably the only six-figure child
8 support case I've ever seen. We've had some big ones. I
9 don't think I've ever seen anybody into the six figures, and
10 you're there.

11 And I'm imposing this sentence: 5 years of
12 probation-- that will give you the maximum amount of time to
13 pay this arrears,-- 12 months in the county jail, credit for
14 164 days. When you're on probation, only two rules:
15 substance abuse and alcohol testing and counseling, and
16 maintaining full-time employment as best you can.

17 Fines and costs \$68 state costs, \$130 crime victims
18 rights fund, oversight fees of \$10 a month-- I'm keeping that
19 as low as I can-- court costs of \$500.

20 Mr. Riley, anything else?

21 MR. RILEY: No.

22 THE COURT: Okay. Mr. Harris, you are entitled to
23 file an application for leave to appeal these proceedings. If
24 you are financially unable to retain an attorney, you may
25 request the appointment of an attorney to represent you on

ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO) AMENDED IWO ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT TERMINATION OF IWO

Date: 08/10/2015

 Child Support Enforcement (CSE) Agency Court Attorney Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions www.acf.hhs.gov/programs/css/resource/income-withholding-for-support-instructions). If you receive this document from someone other than a state or tribal CSE agency or a court, a copy of the underlying order must be attached.

State/Tribe/Territory Michigan Remittance ID (include w/payment) 910719547
 City/County/Dist./Tribe Muskegon County Friend of the Court Order ID  1991009461
 Private Individual/Entity CSE Agency Case ID 910719547

FORGE INDUSTRIAL STAFFING INCORPORATED

Employer/Income Withholder's Name

5011 28TH ST SE SUITE B

Employer/Income Withholder's Address

GRAND RAPIDS, MI 49512-2058

RE: HARRIS, JOHN, ARTHUR

Employee/Obligor's Name (Last, First, Middle)

362-88-3531

Employee/Obligor's Social Security Number

HENDERSON, DIONDRA

Custodial Party/Obligee's Name (Last, First, Middle)

Employer/Income Withholder's FEIN 363996991

Child(ren)'s Name(s) (Last, First, Middle)

Child(ren)'s Birth Date(s)

HARRIS, JOHN, ARTHUR

09/28/1987

JEFFERSON, SHARDAE, S

06/03/1996

HARRIS, JHAVON, MIQUEL

07/23/1994

JEFFERSONHARRIS, SHIMERE, PHAMECO

01/12/1991

ORDER INFORMATION: This document is based on the support or withholding order from Michigan (State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ 0.00 Per month current child support

\$ 0.00 Per month past-due child support - **Arrears greater than 12 weeks?** Yes No

\$ 0.00 Per month current cash medical support

\$ 0.00 Per month past-due cash medical support

\$ 0.00 Per month current spousal support

\$ 0.00 Per month past-due spousal support

\$ 1,147.50 Per month other (must specify) Arrears and/or Fees

for a **Total Amount to Withhold** of \$1,147.50 per **MONTH**.

AMOUNTS TO WITHHOLD: You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$263.79 per weekly pay period \$573.75 per semimonthly pay period (twice a month)

\$527.59 per biweekly pay period (every two weeks)  \$1,147.50 per monthly pay period\$ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.Document Tracking ID 1991009461-DP

OMB 0970-0154

(Exhibit 2 A)

2011000624 sc

STATE OF MICHIGAN 60th JUDICIAL DISTRICT 14th JUDICIAL CIRCUIT		INFORMATION FELONY	DISTRICT: 11-129976-FG CIRCUIT: 11-060322-FH	
District Court ORI: MI610025J 990 Terrace Street, Muskegon, MI 49442 231-724-6283		Circuit Court ORI: MI610015J 990 Terrace Street, Muskegon, MI 49442 231-724-6251		
THE PEOPLE OF THE STATE OF MICHIGAN		Defendant's name and address V JOHN ARTHUR HARRIS JR 522 AMITY MUSKEGON, MI, 49442	Victim or complainant Complaining witness	
Co-defendant(s)		Date: On or about 12/17/2004-12/17/10		
City/Twp./Village Muskegon County	County in Michigan MUSKEGON	Defendant TCN 61-11000624-01	Defendant SID	Defendant DOB MI/06/17/1968
Police agency report no. MCSD 10-9839	Charge See below	DLN Type:	Vehicle Type	Defendant DLN

STATE OF MICHIGAN, COUNTY OF MUSKEGON

IN THE NAME OF THE PEOPLE OF THE STATE OF MICHIGAN: The prosecuting attorney for this county appears before the court and informs the court that on the date and at the location described above, the defendant:

COUNT 1: CHILD SUPPORT - FAILING TO PAY

did not pay support for his or her children, in the amount or at the time stated in an order entered by the 14th Circuit court in file number 1991009461-DP; contrary to MCL 750.165. [750.165] FELONY: 4 Years and/or \$2,000.00

HABITUAL OFFENDER - FOURTH OFFENSE NOTICE

Take notice that the defendant was previously convicted of three or more felonies or attempts to commit felonies in that on or about 05/26/1988, he or she was convicted of assault with a dangerous weapon in violation of MCL 750.82; In the 14th Circuit Court for Muskegon County, State of Michigan;

And on or about 06/19/1995, he or she was convicted of uttering and publishing in violation of MCL 750.249; in the 14th Circuit Court for Muskegon County, State of Michigan;

And on or about 03/30/2007, he or she was convicted of identity theft in violation of MCL 445.65; in the 20th Circuit Court for Ottawa County, State of Michigan;

Therefore, defendant is subject to the penalties provided by MCL 769.12. [769.12]

PENALTY: Life if primary offense has penalty of 5 Years or more; 15 Years or less if primary offense has penalty under 5 Years

Upon conviction of a felony or an attempted felony court shall order law enforcement to collect DNA identification profiling samples.

Contrary to the form of the Statute in such case made and provided, and against the peace and dignity of the State of Michigan.

3-4-11
Date

CALENDARRED

Prosecuting Attorney
By: *TONY Tague* P36226

201 MAR - 3 P 3:36
FILED
MARCH A. WATERS
MUSKEGON COUNTY CLERK

(exh. 3) *OK*STATE OF MICHIGAN
14TH JUDICIAL CIRCUIT
MUSKEGON COUNTY

ENFORCEMENT ORDER

CASE NO.
1991-009461-DP
HON. GREGORY PITTMANMuskegon County Friend of the Court Address:
990 Terrace 3rd Floor Muskegon, MI 49442Telephone No. (231) 724-6421
Fax No. (231) 724-1108

Plaintiff's name, address, and telephone no.

DIONDRA HENDERSON

(***) ***-****

Plaintiff's attorney name, address, telephone no., and bar no.

Defendant's name, address, and telephone no.

JOHN ARTHUR HARRIS JR
522 Amity Ave
Muskegon, MI 49442
(231) 457-4640

Defendant's attorney name, address, telephone no., and bar no.

Date of Hearing: 1/10/11

Respondent: JOHN ARTHUR HARRIS JR

FINDINGS:

CALENDARED

IT IS ORDERED:

The bench warrant is discharged.

The Respondent is assessed costs of \$100.00 payable to the Friend of the Court.

Beginning January 1, 2011 respondent shall pay \$201.03 monthly. This sum shall be applied to current and past due support, and any other obligations assessed by the court.

Both parties shall notify the Friend of the Court in writing within 21 days of the change in: a) their mailing or residence addresses and telephone numbers; b) the name, address, and telephone number of their employers or sources of income; c) their health maintenance or insurance company insurance coverage or contract numbers; d) their occupational or driver's licenses; and e) their social security numbers unless law exempts that person from providing the social security number.

Medical confinement to be adjusted as follows; all surcharges shall be removed, current monthly charges shall cease and any remaining payoff balance shall be transferred to arrears. Respondent will pay \$25.00 per month (court ordered) toward the arrears of this case.Respondent has made payment to the account. Within 14 days the respondent will pay \$200 (including the \$100 bench warrant fee) and/or he will file a motion to have his support reviewed. Respondent is to continue to make monthly payments towards his current support while awaiting review. Respondent must attend any hearings scheduled for review. Any calendar month without payment will result in non compliance. Noncompliance of this order will result in a bench warrant for respondent's arrest.Date Signed: JAN 12 2011*G. Pittman*
HON. GREGORY PITTMAN P44791

INCOME WITHHOLDING FOR SUPPORT

ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
 AMENDED IWO
 ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT
 TERMINATION OF IWO

Date: 12/28/2015

Child Support Enforcement (CSE) Agency Court Attorney Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions www.acf.hhs.gov/programs/css/resource/income-withholding-for-support-instructions). If you receive this document from someone other than a state or tribal CSE agency or a court, a copy of the underlying order must be attached.

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Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)'s Birth Date(s)
HARRIS, JOHN, ARTHUR	09/28/1987
JEFFERSON, SHARDAE, S	06/03/1996
HARRIS, JHAVON, MIQUEL	07/23/1994
JEFFERSON HARRIS, SHIMERE, PHAMEIC	01/12/1990
<div style="border: 1px solid black; padding: 10px; text-align: center;"> </div>	

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\$ 0.00	Per month current child support
\$ 0.00	Per month past-due child support - Arrears greater than 12 weeks? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
\$ 0.00	Per month current cash medical support
\$ 0.00	Per month past-due cash medical support
\$ 0.00	Per month current spousal support
\$ 0.00	Per month past-due spousal support
\$ 28.50	Per month other (must specify) Arrears and/or Fees

RECEIVED JAN 07 2016

for a Total Amount to Withhold of \$28.50 per MONTH.

AMOUNTS TO WITHHOLD: You do not have to vary your pay cycle to be in compliance with the Order Information. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$6.55	per weekly pay period	\$14.25	per semimonthly pay period (twice a month)
\$13.10	per biweekly pay period (every two weeks)	*\$28.50	per monthly pay period
\$	Lump Sum Payment: Do not stop any existing IWO unless you receive a termination order.		

Document Tracking ID 1991009461-DP

OMB 0970-0154